

Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Notes

Racine

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Racine County.

The report is a PDF (Adobe Acrobat) document and includes a total of 16.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PARKVIEW GARDENS I ASSISTED LIVING (0016959)
Address: 5321 DOUGLAS AVE, CALEDONIA, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 12/1/2017 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141330 **End Date:** 11/8/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135446 **End Date:** 12/22/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QFPN11 Served 1/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	2/28/21	

Enforcement History (PARKVIEW GARDENS I ASSISTED LIVING--0016959)

Date: 1/16/2021 **SOD #**QFPN11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (PARKVIEW GARDENS I ASSISTED LIVING--0016959)

Date Complaint Received: 6/3/2022

Date Investigation Completed: 11/8/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PARKVIEW GARDENS III (0016970)
Address: 5321 DOUGLAS AVE, CALEDONIA, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 2/28/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141007 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135529 **End Date:** 1/15/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8J6111 Served 2/3/2021

Deficiencies Cited

89.23(2)(b)2

89.26(4)

89.28(6)

Subject Area

SERVICES

ANNUAL REVIEW

RISK AGREEMENT

Compliance
Verified

Corrected

Enforcement History (PARKVIEW GARDENS III--0016970)

Date: 2/3/2021 **SOD #**8J6111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (PARKVIEW GARDENS III--0016970)

Date Complaint Received: 5/9/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/18/2020

Date Investigation Completed: 1/15/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8J6111

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: PRIMROSE OF MT PLEASANT (0015195)

Address: 1775 N NEWMAN ROAD, MT PLEASANT, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 2/5/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141039 **End Date:** 10/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PRIMROSE OF MT PLEASANT--0015195)

Date Complaint Received: 2/8/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ELIZABETH GARDENS (0016018)
Address: 5111 WRIGHT AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 4/27/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138030 **End Date:** 7/21/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T4EY11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(2)	TENANT RIGHTS		

Enforcement History (ELIZABETH GARDENS--0016018)

Date: 12/23/2021 **SOD #**T4EY11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HOME HARBOR (0011173)

Address: 1600 OHIO ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 6/1/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137670 **End Date:** 10/28/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PILLARS AT CRYSTAL BAY (THE) (0017709)
Address: 3950 N MAIN ST, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 8/7/2019 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141693 **End Date:** 12/21/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140485 **End Date:** 7/26/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138973 **End Date:** 11/10/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #PSVQ11 Served 4/5/2022

Deficiencies Cited

89.23(2)(a)2.c

89.29(1)(b)

Subject Area

SERVICES

ADMISSION & RETENTION OF TENANTS

Compliance

Verified

Corrected

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (PILLARS AT CRYSTAL BAY (THE)--0017709)

Date: 4/5/2022 **SOD #** PSVQ11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---89.23(2)(a)2.c
FORFEITURE---89.29(1)(b)

Complaint History (PILLARS AT CRYSTAL BAY (THE)--0017709)

Date Complaint Received: 11/15/2022 **Date Investigation Completed:** 12/21/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 5/3/2022 **Date Investigation Completed:** 7/26/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 9/2/2021 **Date Investigation Completed:** 11/10/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	PSVQ11
PROGRAM SERVICES	SUBSTANTIATED	PSVQ11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PLEASANT POINT SENIOR LIVING (0018044)
Address: 8500 CORPORATE DRIVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 5/1/2020 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141327	End Date: 11/3/2022	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0141044	End Date: 10/11/2022	Type: STANDARD	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0137496	End Date: 10/11/2021	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0133711	End Date: 5/1/2020	Type: ABBREVIATED	Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED			

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (PLEASANT POINT SENIOR LIVING--0018044)

Date Complaint Received: 3/29/2022

Date Investigation Completed: 11/3/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 1/10/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: KILLARNEY KOURT (0017237)
Address: 8800 SHANNON LN, STURTEVANT, WI 53177
License Status: REGULAR
Licensed/Certified/Registered 11/1/2018 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WATERFORD SENIOR LIVING (0012091)

Address: 301 S SIXTH ST, WATERFORD, WI 53185

License Status: REGULAR

Licensed/Certified/Registered 10/10/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142014 **End Date:** 8/31/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UZP311 Served 2/2/2023

Deficiencies Cited
89.34(16)

Subject Area
TENANT RIGHTS

Compliance
Verified

Corrected

Survey ID: 0137575 **End Date:** 10/25/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137322 **End Date:** 9/23/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136258 **End Date:** 5/18/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0136027 End Date: 3/17/2021 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135368 End Date: 12/14/2020 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135498 End Date: 10/22/2020 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WATERFORD SENIOR LIVING--0012091)

Date: 2/2/2023 SOD #UZP311 Appealed: Decision: PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---89.34(16)

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (WATERFORD SENIOR LIVING--0012091)

Date Complaint Received: 8/4/2022

Date Investigation Completed: 8/31/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UZP311

Date Complaint Received: 10/11/2021

Date Investigation Completed: 10/25/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 9/1/2021

Date Investigation Completed: 9/23/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 3/15/2021

Date Investigation Completed: 5/18/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/5/2021

Date Investigation Completed: 3/17/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/2/2020

Date Investigation Completed: 12/14/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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